

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB/1</i>	<i>65711</i>	<i>11-13-16</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
— (Through numeral) .. Canceled	A	Appeal
—	O	Objected

Claim	Date	Claim	Date	Claim	Date
1	11/15/04	51		101	
2	11/15/04	52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
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12		62		112	
13		63		113	
14		64		114	
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42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions  
staple additional sheet here

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